

NH Board of Nursing

Position Statement and Clinical Practice Advisories Regarding Delegation and Supervision

Delegation of nursing-related activities is addressed within the NH Administrative Rules, Nur 101.06, Nur 101.07, and Nur 404. Delegation is defined within Nur 101.07 as “the transfer, at the discretion of the nurse, of authority for performance of a task of client care from the licensed nurse with authority to perform the task to someone who does not otherwise have such authority.” It is the expectation of the NH Board of Nursing that licensees transferring responsibility for tasks of client care will do so within the parameters of the administrative rules as well as any relevant specialty standards and facility policies.

Can the RN instruct mammography technologists to perform breast examinations?

No, the board determined that training and delegation does not meet criteria of Nur 400

How does the board define direct vs. indirect supervision?

Direct supervision refers to having the supervisor in close proximity to the licensee either in the same room or the same building. Indirect supervision requires the supervisor to be readily accessible but not necessarily on the floor or in the building. Thus, having telephone communication with a supervisor who is available to assist in an identified problem would meet the definition of indirect supervision.

Board of Nursing Position Statement requested re: paramedics working in Emergency Department.

The NH BON does not have a position statement about paramedics functioning in the ED. The BON does not license paramedics/EMTs and has no jurisdiction over their practice. If an RN delegates to a paramedic, rules regarding delegation as referenced above should be followed.

Is it within the scope of practice of the RN to delegate medication administration to a hospital employed paramedic in the Emergency Room or critical acute care setting?

Nursing Administrative Rules 404.06 (b)(2), (e)(1) and (g)(4) indicate that delegation is appropriate when the patient is stable, the care is not complex, and the delegate is supervised. Based on the written rules and their intent, the appropriateness of delegation of medication administration or other care issues by the licensed nurse to unlicensed personnel appears prohibited when caring for unstable, complex clients.

What tasks can be delegated by licensed nurses to EMT/Paramedics that are employed in the ED?

The Board has responded by using the same language as used with other settings. The Administrative Rules do not specifically “carve out” emergency departments or other settings in which delegation under Nur 404 is prohibited or restricted. However, if the delegating licensee or facility feels that these (or any other) tasks are inappropriate in an emergency department setting, it can impose a more restrictive standard.

Is it within the scope of practice of the RN to delegate medically compromised, incompetent persons’ tracheostomy care to non-licensed persons in the community setting?

The Board advised, with recommendation from the Practice and Education Committee, that the supervision of tracheostomy care performed by unlicensed persons is within the licensed nurse scope of practice.

May a nurse delegate medication administration to non-licensed personnel?

The Board reviewed nurse delegation of medication administration to non-licensed personnel regarding nurses working with developmentally disabled and nurses working in the school system. The Board affirmed that nurses can delegate according to the NCSBN Five Rights of Delegation, which include:

1. The right task
2. The right circumstance
3. The right person
4. The right direction/communication
5. The right supervision

Nur 101.21 “Stable client” means a client whose overall health status, as assessed by a licensed nurse, is at the expected baseline or with predictable or expected responses that can occur with known chronic or long term medical conditions.